

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914460	RECEIPT DATE:	08 / 29 / 01
IA NUMBER:	PCT/ GB00 / 00617	IA FILING DATE:	02 / 21 / 00
FAMILY NAME:	BRADY	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 01 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	117-364	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000 TELEPHONE 7038164000 FAX		
NAME:	ARTHUR R. CRAWFORD NIXON & VANDERHYE		
STREET:	1100 NORTH GLEBE ROAD , 8TH FLOOR		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	222014714
EMAIL:			
APPLICATION TITLES:	X-RAY IMAGE PROCESSING		

TAB TO LAST POSITION,PUSH SEND